

BIG SKY BEHAVIORIST

Published by the Developmental Disabilities Division
of the Social and Rehabilitation Services Department,

Volume 1, Number 4
[1e5]
March 1977

P.O. Box 4210, Helena, Montana, 59601

MONTANA D.D. MOVEMENT: THE NEXT TWO YEARS

In the last issue of the BSB a portion of what has been presented to the Montana Legislature regarding client placement rates, numbers of clients served in D.D. programs and the growth of services over the last biennium was presented.

In this issue we'd like to inform our readers of the goals, objectives and activities the Division has committed it's efforts towards for the next two years.

GOALS & OBJECTIVES FOR FY '78/'79

GOAL 1: By June 30, 1979 to have developed a full range of appropriate services in each region of the state for the clients currently enrolled and to be included during the biennium.

GOAL 2: By June 30, 1979 to have developed the service capability of appropriate generic services for the clients of goal 1.

OBJECTIVE 1: Reinforce existing community-based services for the contemporary and anticipated client population.

- 1.1 Daytime services: Diversify and coordinate the prevocational, avocational and vocational programs.
- 1.2 Residential services: Develop a full range of services to include foster care, semi-independent living and community homes. The community home model will be modified to serve from three to eight clients depending upon client needs and progress.



- 1.3 Special services: Continue the development of transportation, respite, recreation and other special services initiated during the present fiscal period.

OBJECTIVE 2: Establish a system of family services to assure the deinstitutionalization of all children and youth at BRS&H and to prevent the institutionalization of children and youth currently in the community.

- 2.1 Complete the movement of children and youth already identified by the Child & Adolescent Project (CAP).
- 2.2 Develop appropriate residential alternatives when natural and foster homes are inappropriate for client needs.
- 2.3 Extend the capability and availability of family support services:
 - 2.31 Respite care
 - 2.32 Parent training
 - 2.33 Early Intervention
- 2.4 Research and develop the "Extended Family" model of services to natural and foster families.



OBJECTIVE 3: Research and develop model long-term-care (LTC) services with existing facilities for clients identified or predicted by DDD studies.

- 3.1 ICF/MR (15 or fewer)
- 3.2 ICF/MR (greater than 15 and less than 45)
- 3.3 Extend community-based support services to residents of LTC facilities.

OBJECTIVE 4: Increase and diversify the training available to all service providers, staff and councils. All training will follow the systematic design of services and be of a thorough and continuing nature to:



- 4.1 Residential service providers
- 4.2 Family service providers
- 4.3 Daytime service providers
- 4.4 Generic service providers
 - 4.41 Long-term-care facilities
 - 4.42 Mental health centers
 - 4.43 Public health nurses
- 4.5 BRS&H staff to assist in transfer to community-based services

PROGRAMMATIC ACTIVITIES

ACTIVITY 1: Develop and refine a client tracking and evaluation system capable of supporting clinical and management decisions.

- 1.1 Design and initiate a pilot study on Cost Benefit Analysis

ACTIVITY 2: Refine the contracting and grant process to assure programmatic as well as fiscal accountability and integrity.

- 2.1 Design and initiate an incentive contract procedure
- 2.2 Determine the feasibility of alternative funding approaches for new projects, i.e., low interest loans rather than grants
- 2.3 Initiate a management by objectives (or similar procedure) for Divisional activities

ACTIVITY 3: Develop and establish standards and regulations to guide programs in relation to client needs.



ACTIVITY 4: Continue the research and development of community based services.

ACTIVITY 5: Develop case management capability to assure complete, appropriate and long term response to client needs.

- 5.1 Continue placement of residents from institutions
- 5.2 Assure appropriateness of service by establishing system of within-community movement

ACTIVITY 6: Increase the capability of the citizenry to support and guide the Division and the providers.

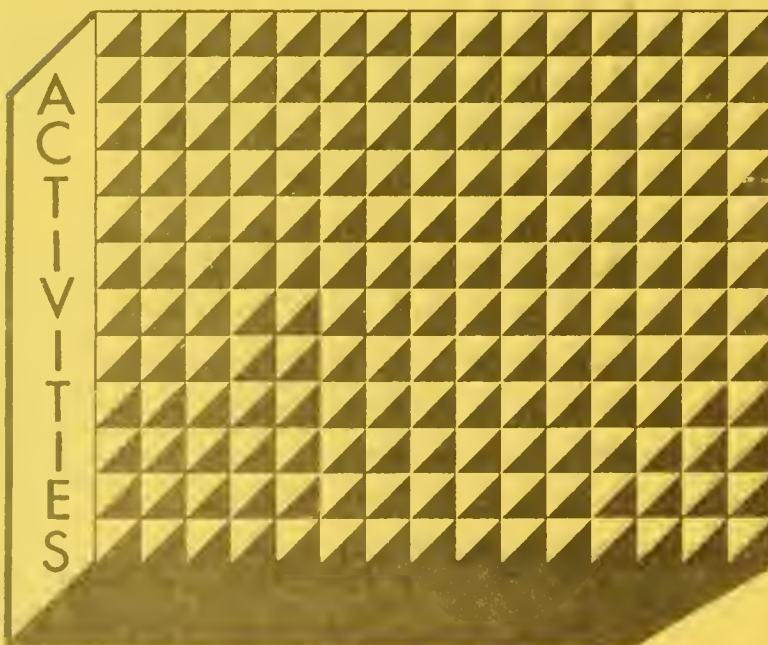
- 6.1 Regional and state DD councils
- 6.2 Non-profit boards of directors

ACTIVITY 7: Implement the habilitation planning team procedure.

- 7.1 This activity relates to 5.0 but will continue as a high priority even if the case management capability does not develop.

ACTIVITY 8: Develop the capability of the DDD to assess, coordinate and evaluate the training needs and activities of program staff, DD councils and DDD staff.

ACTIVITY 9: Coordinate DDD planning activities with those of the state and regional DD councils.





Dear BSB



Dear BSB,

I've got a simple but frustrating problem. I've tried lots of different reinforcers in a reading program I'm working on with my client. None of them seem to work. How do you find a reward that works?

Thanks for writing.

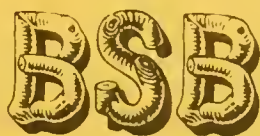
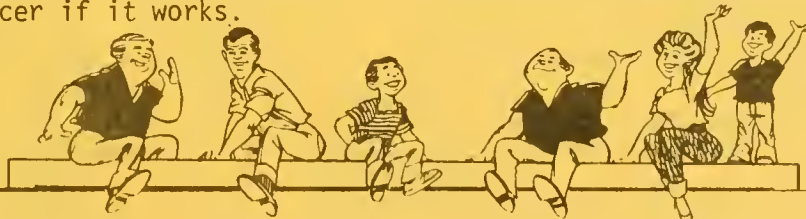
I guess the first thing we'd like to say is that though all reinforcers could be rewards, not all rewards are reinforcers. In other words, something (candy, coke, activity or privilege) is a reinforcer if, and only if, it does work. So, your basic problem seems to be that even though you may think you've found a reinforcer, obviously your client feels differently.

If you've tried just about everything you could think of and are still in a bind, you might be able to use what is known as the Premack Principle. First, though, you should be ready to accept the fact that a reinforcer *can be anything* which increases the chances that the behavior it follows will occur again. Now that you're ready to accept the unexpected, here's what Premack says: if you observe your client in his "normal" routine you will notice that he engages in certain behaviors more often than he does in others (to be certain, it wouldn't hurt to record these instances on paper). The behaviors he engages in most frequently (what he usually "likes" to do) are what you can use as reinforcers. Actually Premack really said, "Of any hierarchy of behaviors, the more probable will reinforce any of the less probable behaviors."

For example, let's say you have noticed that you client prefers to just lie on the couch and sleep or look at the ceiling, rather than do just about anything else. You can use the opportunity to indulge in this behavior as a reinforcer! What you might do is inform him that you'll let him lie on the couch uninterrupted for, say, 45 minutes if he works on his reading program with you for 20 minutes. You might also help him along during the 20 minutes by giving him a poker chip or coupon or a mark on a piece of paper for every 5 minutes he works on the program (or, for every correct response, depending on the program) and that when he has earned 4 chips (or, however many of whatever), the program is over for the day and he can use the couch.

The "golden rule" of reinforcement is make sure you have a reinforcer — it's a reinforcer if it works.

Good Luck.



Division Administrator.....L.A. Hamerlynck
 Editors.....Mike Muszkiewicz, Richard Swenson
 Boulder River School Correspondent.....Ron Langworthy
 Production.....Sissy Lunceford, Susan Kirpatrick, "Tork"
 Toresdahl, Marilyn McKibben

Needs Assessment at BRS&H



By Ron Langworthy

In my last BSB article (Vol. 1, No. 3), I mentioned that our method of assessing the needs of residents is in need of open review. Without going into the lengthy details the subject could easily bloom into, I would like to discuss some of the complexities, hoping that readers may become interested in certain points and ask questions.

The main needs assessment system, established in response to SB 388 passed by the 44th Legislative session, is the Individualized Habilitation Plan (IHP). An IHP for each resident has been established during the first 13 months of operation of the IHP system. The decisions regarding each plan are made by a meeting of the Habilitation Planning Committee, comprised of four constant members and several representatives from service areas determined by the needs of the residents and the availability of resources. The constant members are the Clinical Director, Cottage Supervisor, Social Worker, and Individualized Habilitation Plan Coordinator. A needs assessment, one of several major functions of the IHP system, is conducted by each service agency and this input is considered by the Committee in making a final report. One of the main tools in determining specific behavior deficits for an individual is a pre-test made up of a vaguely developmentally sequenced list of behaviors under each major service areas. The behaviors listed on the pre-test come from three sources: the Teaching Research curriculum, the Program Procedures Manual and from trainers in various areas who have recognized a need for which a task analyzed program is not available in the TR curriculum or the PPM. The trainers wrote a program to intervene on that need, and submitted it to the Quality Control Committee, which approved it.

The problem with this system which occurred to me in writing the previous article, is that it generally pays scant attention to needs specific to the community. Efforts to make community oriented skills high priority in a resident's IHP occur only through the

aggressiveness of advocates for that individual, and not as a result of established (written) methods. For instance, the decision on which skills will receive priority treatment are made by the representative of the service area conducting the needs assessment and may or may not have any relationship to the resident's proximity to placement. As another example, Cottage 12, from which many residents have been placed, uses a unique method of determining training priorities. They use a list or priorities drawn up by the Cottage Supervisor as a result of input gained in visits to six group homes in the state. This method is not only unique, it actually occurs in place of the established method - the pre-test. The Habilitation Planning Committee currently has no such written guidelines for determining from an overall needs assessment for an individual, the deficits that will receive priority attention.

The main explanation for this lack of attention to pre-placement skills is that planners do not usually know enough ahead of time to be comfortable in identifying short term, intensive community preparation skills. In other words, it is very difficult to predict placement out of the institution. Another explanation is that the systems I discussed - the Boulder Training Model effort and IHP, are both only 13 months old. BRS&H needs to develop a method whereby residents identified as close to placement are treated differently in the IHP process from those who will be around for a long while. The method may require information from community workers on the proximity of placement of certain individuals. BRS&H also needs to develop guidelines for determining priorities from the needs assessment in the IHP. These are refinements that need to be identified in the first place in order to be effected.

One final note: Two years ago it would have been a specious venture to bring up these concerns. The rudimentary nature of the Habilitation Planning System and the training effort would have relegated this discussion to the realm of divine intervention.



1-800-332-6123

THE HABILITATION AND EVALUATION BUREAU OF THE D.D. DIVISION
NOW HAS A TOLL-FREE HOTLINE. THE NUMBER IS 1-800-332-6123.

THE HOTLINE IS AVAILABLE FOR USE BY GROUP HOME STAFF, DAY
PROGRAM STAFF AND ANYONE ELSE WHO WORKS WITH PERSONS WITH
DEVELOPMENTAL DISABILITIES WHO COULD USE INFORMATION ABOUT -
OR, ASSISTANCE IN DEVELOPING - TRAINING PROGRAMS OR PROCEDURES.

THOUGH THE HOTLINE IS NOT INTENDED TO BE A "CRISIS" LINE,
WE WILL BE AVAILABLE TO HELP WITH TRAINING RELATED PROBLEMS.

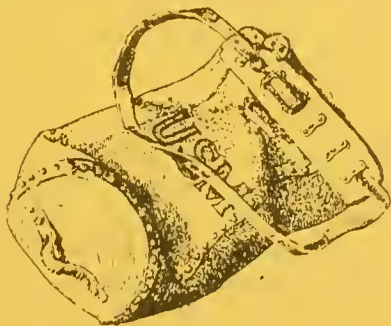
A letter to the BSB in Vol. 1, No. 2 asked for advise regarding a group home client who stopped attending his Day Program. The BSB suggested analyzing the consequences of attending vs. not attending the training program to see if the client was, in effect, being reinforced for not attending. In the subsequent issue a writer, calling himself or herself "the Snoopervisor", responded to this advice by pointing out that the client has a right to refuse to attend the training program. Without wishing to belabor this case, I would like to add another perspective to that of the Snoopervisor.

First of all, the moral argument that the client has a right to refuse to participate has no place here. We do not allow self-injurious clients to kill themselves because it is their right, nor do we allow clients to avoid training programs because they would prefer to self-stimulate. If the client has a right, it is to become a normal, productive human being.

Secondly, a decision needs to be made regarding the client's participation in the training program. His enrollment in the "school" is no doubt related to some of those goals in his Individualized Habilitation Plan. Unless the client wrote his own IHP, we can assume that someone else has been making some decisions for him. Is it not then reasonable that someone other than he decide he should attend school? (Good parents have been making similar decisions regarding their own children for years.)

I am not suggesting that he be dragged to school in shackles. Like the BSB advisor, I would suggest rearranging the client's reinforcers so that he will want to attend school.

The snoopervisor made the valid point that the program should meet the client's needs. But the client's needs should not be confused with his wants. If the client always needed what he wanted and vice versa, he would probably not be a client. He would, in fact, be more developmentally advanced than most of us who are concerned about him.



Sincerely,
Pat Rimell
Director, Boulder Training Center

MAIL

TEACHING HAIR-WASHING USING BACKWARD CHAINING



The following hair-washing program was written cooperatively by Jan Mackay, DDTI clinical trainer, and Leah Reed, Housemanager of the Pine Grove Group Home in Region IV, for one of the DD clients living at the group home. Leah implemented the program in September, 1976 and despite interruptions due to non-related medical problems has reported that the program is now in its final stages.

The program's target behavior (an objective description of what the student would be able to do at the completion of the training) was stated in this manner: "(student's name) will wash her hair independently when given cue." The cue or instruction is always the same to avoid confusion "(name), wash your hair."

The program specified the positioning of both student and teacher, "(name) in bathtub without clothes. Teacher kneeling at side of bathtub. Shampoo and empty bucket on side of bathtub."

If the student responded correctly in any given step the teacher was to say, "Good (name), you washed your hair," then give her an edible reinforcer such as a grape or a cup of coffee.

If, however, the student performed incorrectly the teacher was to say, "No (name), wash your hair," then physically guide the student as little as possible ("shadow") to get her to complete the correct behavior.

The general method used to teach this skill is called *backward chaining*. (Backward chaining means that after the target behavior is broken down into its component parts, the last part is taught first.)

Although this target behavior could be broken into as many steps as necessary for any student, Jan and Leah analyzed the hair-washing task in this manner.

Step 1. The teacher gives the student a bath, wets her hair with water poured from a bucket and shampoos her hair. Teacher then fills the bucket with more water and places it on the bathtub. When the teacher gives the cue, the student picks up the bucket and pours the water over her hair. The bucket is refilled and the student rinses her hair two more times.

Step 2. The teacher gives the student a bath, wets her hair with water poured from the bucket, shampoos her hair then places the empty bucket on the edge of the bathtub. When given the cue, the student picks up the bucket, places it between her legs under the faucet, turns faucet on and fills bucket. She then rinses her hair three times as she did in step 1.

Step 3. The teacher gives the student a bath, wets her hair then puts the shampoo on hair. When given the cue, the student shampoos her own hair by rubbing her hands through it then fills bucket and rinses hair three times as in step 2.

Step 4. The teacher gives the student a bath, wets her hair then puts the shampoo on the edge of tub. When given the cue, the student picks up shampoo with right hand and pours a little onto her left hand then applies it to her hair, shampoos and rinses as in step 3.

Step 5. The teacher gives the student a bath and puts the empty bucket and shampoo on edge of tub. The client then fills the bucket, wets her hair, shampoos and rinses hair as in preceding steps.

In the original program, Leah moves on to the next step only after her student performs correctly on each step for five days in a row.

(The BSB thanks Jan Mackay and Leah Reed for sharing this program with its readers. We hope those of you who have written other types of programs which are working will share yours in future issues.)

DDTI workshops

The first of the two-staged state-wide Day Program/Group Home training workshops sponsored by DDTI has been completed in Billings. The first phase of the workshop, covering basic information areas, was held January 31-February 3. Approximately 20 persons attended the recent "phase B" of the workshop at Eastern Montana College (March 7-9). There was a wide range of providers in attendance, representing not only day programs and groups homes, but also persons from social services and semi-independent living training.

This second phase consisted of special topic areas. DDTI trainer, Nancy Schussler, presented various methods of applying the *theories of behavior management* to the social and teaching interactions between staff and clients. Information on "*canned*" curricula, availability of materials, and the essential components of the various programs was provided by Steve Krantz of DDTI. Pat Curran, a special education teacher from Progress, Inc. in Helena, gave a skillful and well-received presentation on *client assertiveness training* which included rationale for teaching clients to be assertive, the teaching strategies involved, the materials available, as well as her own experiences in teaching clients to be assertive. Jim Atkins of DDTI gave a brief introduction to two important issues: *client decision-making* and *human sexuality training*. Mary Kay Ebert, of Easter Seals in Great Falls, and Tom Powell, a Billings social worker, shared many of their own valuable experiences in teaching clients about human sexuality.

Many of the participants wrote up complete individual client programs. This activity was viewed by many as valuable and applicable to their jobs in service delivery.

The wrap-up discussion was led by Dick Swenson, Mike Muszkiewicz, and George Siverts of the State Developmental Disabilities Division. They presented the new IHP format, along with their concerns about aversive treatment strategies.

DUE TO THE OVERWHELMING RESPONSE TO THE UP-COMING DDTI DAY PROGRAM/GROUP HOME WORKSHOP SCHEDULED FOR MARCH 28-31 IN MISSOULA, REGISTRATION HAS BEEN CLOSED. REGISTER NOW FOR THE SPEECH AND LANGUAGE WORKSHOP IN HELENA APRIL 8-9.



DDTI Regional Clinical Trainer, Jan Mackay, provided a mini-workshop with the assistance of DDTI Trainer, Phyllis Williamson, and Director Carl Calkins at Ravalli Services March 10th and 11th. The first day was spent discussing normalization, IHP's, the developmental approach and behavior principles, along with some role-playing of actual teaching techniques. The second day began with task analysis with the participants breaking-up into groups to do some actual task analyzing. The remainder of the session was spent talking about IPP's. Both the day program staff and group home managers ended the day by developing specific IPP's for individual clients. One of the nicest features of the session was the attendance and participation of the clients in the training. The day program staff in attendance included Elmer Babcock, Jan Edans, B. J. Wightman, Tom Bishop and Jan Bailey. The group home managers who attended were Debbie and Bart Hayes. The Director, John Filz, provided a good deal of support throughout the two days of training.

On March 14 and 15, Jan Mackay and Carl Calkins presented a workshop on Human Sexuality in Hot Springs. Content areas of the workshop included Orientation to Human Sexuality, Implications for Training, Packaged Curricular Materials, and the films "Like Other People" and the "ABC's of Sex Education." Those attending included Don Dorsey, Director of the Sanders County Program, his staff, the clients, and one board member, Mel Hoy. Participants found these presentations to be extremely informative and useful, particularly Don Dorsey, who felt that this workshop came at a critical time in his development.

(program's)

Eastmont Training Center has developed a Parent Training Manual for use by parents of severely and profoundly retarded children.

Done in conjunction with ESEA Title I, topics included in the manual are: toilet training, self-help tasks, dressing and undressing skills and problem behaviors. Copies of this manual were sent to each parent with a child in attendance at Eastmont and is the beginning of a summer workshop planned in July for parents of Eastmont residents.

Copies are available for \$1.50 to cover postage and handling to concerned professionals upon request.

CONTACT: Eastmont Training Center
Glendive, Montana 59330

Production Trainer for Woodshop operation of sheltered workshop. Prefer BA/BS in Behavioral Sciences. Experience in wood-working and familiarity with behavioral modification principles. DD experience desirable. Send resume to:

Woodshop
402 Madison
Missoula, MT 59801

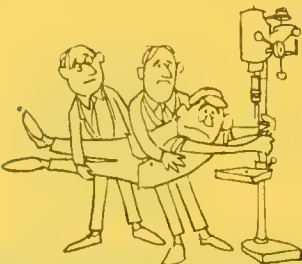
(an equal opportunity employer)

A volunteer coordinator for a one-week camp during the summer of 1977 is needed in the Red Lodge area. The camp is located in Red Lodge and serves some 50 campers with developmental disabilities. Sponsored by Optimistic Club of Billings. For more information write Nick Hill at 165 N. Court, Billings Heights, Billings, MT 59101

J
O
B
S

Habilitation Aide IV: Annual Salary - \$10,857.

Primarily responsible for assisting the Cottage Supervisor with training assessments, measuring resident training progress, monitoring program delivery and providing staff training in behavioral programs. Requires a Bachelor's Degree in Psychology or Special Education or graduation from high school plus four years of experience in a related field. Contact: Director of Habilitation, BRSH, Boulder, MT 59632



Bulk Rate
U.S. POSTAGE
PAID
Permit No. 78
Helena, Mt.
59601

BIG SKY BEHAVIORIST
P.O. BOX 4210
HELENA, MONTANA 59601

